

<b>EMD-13B (10/02)</b> <b>MICHIGAN STATE POLICE</b> Emergency Management Division	<b>FLOOD MITIGATION ASSISTANCE PROGRAM PROJECT APPLICATION</b>		<b>AUTHORITY:</b> 1976 PA 390, as amended <b>COMPLIANCE:</b> Voluntary, but completion necessary to be considered for grant
<b>Directions:</b> 1. See instructions in the Hazard Mitigation Grant Handbook. 2. Complete all sections. (Boxes will automatically expand as needed.) 3. <u>DO NOT</u> use: staples; binders; dividers; inserts or unusual sized pages. 4. Submit to the Mitigation Unit, Emergency Management Division.		<b>FOR EMD USE ONLY</b>	
		Application #:	
		Project #:	
		Date Received:	
<b>A. APPLICANT INFORMATION</b>			
<b>Name of Organization/Agency:</b>			
<b>Type of Organization (check one):</b> <input type="checkbox"/> State Agency <input type="checkbox"/> Local Government <input type="checkbox"/> Indian Tribe or Authorized Tribal Organization <input type="checkbox"/> Private Non-Profit <input type="checkbox"/> Other (explain):			
<b>Project Title:</b>			
<b>B. CONTACT INFORMATION</b>			
<b>PRIMARY POINT OF CONTACT</b>		<b>ALTERNATE POINT OF CONTACT</b>	
<b>Name:</b>		<b>Name:</b>	
<b>Title:</b>		<b>Title:</b>	
<b>Agency:</b>		<b>Agency:</b>	
<b>Address/P.O. Box Number:</b>		<b>Address/P.O. Box Number:</b>	
<b>City:</b>	<b>Zip Code:</b>	<b>City:</b>	<b>Zip Code:</b>
<b>Telephone Number:</b>	<b>ext.</b>	<b>Telephone Number:</b>	<b>ext.</b>
<b>Fax Number:</b>		<b>Fax Number:</b>	
<b>E-mail Address:</b>		<b>E-mail Address:</b>	
<b>C. PROJECT INFORMATION</b>			
<b>Location of Project</b>	<b>County:</b>		
	<b>Township: T    Range: R    Section:</b>		
	<b>Street Address or Nearest Intersection:</b>		
<b>Does your community participate in the National Flood Insurance Program?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES, enter Community Identification Number:		
<b>Is the project in a FEMA identified flood area?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES, enter FIRM Panel Number:		

Describe the problem you will be solving. (**DO NOT** write “see attached”)

Describe the Project Solution **IN DETAIL**. (**DO NOT** write “see attached”)

#### D. PROJECT COSTS

Project Totals	Federal Share: (75%)
	Applicant Share: (25%)
	Source of Applicant Share:
	Grand Total of Project: (100%)

#### COST ESTIMATE BREAKDOWN

ITEM	UNIT QUANTITY	UNIT OF MEASURE	UNIT COST	COST ESTIMATE
(NOTE: Totals <b><u>MUST</u></b> equal “Grand Total of Project” amount.)			TOTAL COST	

EXAMPLE:				
COST ESTIMATE BREAKDOWN				
ITEM	UNIT QUANTITY	UNIT OF MEASURE	UNIT COST	COST ESTIMATE
Site Acquisition	1	Home	\$90,000	\$90,000
Warning Siren	2	Siren	\$15,000	\$30,000
Engineering Plans	100	Hours	\$100	\$10,000
Public Meeting	1	Lump Sum	\$1,000	\$1,000
Common Functional Elements Used for Costs Breakdown are: Project Management; Comprehensive Study; Engineering and Design; Site Acquisition; Construction; Labor, and Other.				

#### E. BENEFIT COST INFORMATION

How long will the project continue to solve the problem?

Annual Maintenance Costs:

For **Flood Acquisition or Elevation Projects** complete **Box A** for each structure. For **other types** of projects complete **Boxes B and C**.

#### BOX A. Flood Acquisition or Elevation Projects

Address:	Address:	Address:
Year built:	Year built:	Year built:
Type of structure: (identify 1 or 2 story, with or without basement)	Type of structure: (identify 1 or 2 story, with or without basement)	Type of structure: (identify 1 or 2 story, with or without basement)
Square footage:	Square footage:	Square footage:
First floor elevation:	First floor elevation:	First floor elevation:
Current local construction costs per square footage:	Current local construction costs per square footage:	Current local construction costs per square footage:

<b>BOX B. Damages Before Mitigation</b> (for projects other than flood acquisition or elevation)			
<b>Physical Damage:</b> What damage is being experienced? List everything that gets damaged. How much does each listed damage cost? (Explain how the cost was determined for each.)			
<b>What is Damaged</b>	<b>Cost of Damage</b>	<b>How often does this damage occur</b>	<b>How was the cost determined</b>

EXAMPLE:			
What is Damaged	Cost of Damage	How often does this damage occur	How was the cost determined
Road Damage	\$960	Every year	3 laborers for 8 hrs @ \$15/hr = \$360, + 1 backhoe @ \$50/hr for 8 hrs. = \$400, + 20 yd fill material @ \$10 /yd = \$200
Road Damage	\$8,000	Every 5 years	10 laborers for 24 hrs each @ \$15/hr. = \$3,600, + 2 backhoes @ \$50/hr for 24 hrs = \$2,400, + 200 yd. Fill material @ 10/yd = \$2,000
Furniture Warehouse	\$10,500	Every 5 years	Insurance claims for 1 ft. water in warehouse – furnace repairs \$500, + loss inventory \$10,000
Furniture Warehouse	104,000	Every 20 years	Insurance claims for 8 ft. water in warehouse – furnace repairs \$4,000, + loss inventory \$100,000

**Loss of Function Damage:** (BOX B. continued)

When residents lose certain utility services (electric power, portable water, and wastewater), FEMA allows for calculation of damages based on pre-assigned dollar losses for each utility. The calculations take into account the length of service interruption, the number of individuals who lose service, and the type of loss (partial or complete loss of the service). Complete the chart below for each service loss that is experienced. The data will be used to calculate a damage amount. For the electronic version, drop down menus are available under the columns "Service Lost" and "Type of Loss", just click on the gray area for the drop down menu.

Service Lost	Type of Loss	Number or Residents Impacted	Length of Service Interruption	How often does this loss occur

**Detour Damage:** (BOX B. continued)

When roads or bridges are closed, FEMA allows for calculation of damages based on pre-assigned dollar losses for each vehicle detoured. The calculation takes into account the average daily traffic volume (number of cars) that will be detoured, and the length (in time, NOT distance) of the detour (how long will it take each vehicle to route around the detour). Complete the chart below for each detour experienced. The data will be used to calculate a damage amount.

Average number of vehicles that travel the detoured road each day	Length (in time) of Detour	How long is the detour in place	How often do the detours occur

**BOX C. Projected Damages After Mitigation**

**Physical Damage After Mitigation:**

List the projected damages that will continue to occur **AFTER** completion of the project. How much would each projected damage cost? (Explain how the cost was determined for each.)

What may be Damaged	Cost of Damage	How often will this damage occur	How was the cost of the damage determined

**Loss of Function Damage After Mitigation:**

**(BOX C. continued)**

If utility services would continue to be lost after mitigation, complete the chart below for each loss that would be experienced. For the electronic version, drop down menus are available under the columns "Service Lost" and "Type of Loss", just click on the gray area for the drop down menu.

Service Lost	Type of Loss	Number of Residents Impacted	Length of Service Interruption	How often does this loss occur

**Detour Damages AFTER Mitigation:** (BOX C. continued)  
If detours would continue to occur AFTER mitigation, complete the chart below for each projected detour. The data will be used to calculate a damage amount.

Average number of vehicles that travel the detoured road each day	Length (in time) of detour	How long is the detour in place	How often do the detours occur

#### F. ALTERNATIVES CONSIDERED

Federal regulations require that credible alternatives must be considered during the decision making process. Please outline alternatives, other than the proposed project, that were considered.

Alternative 1.

Alternative 2.

Alternative 3.

Reasons why the proposed project was chosen over the alternatives:

How was the alternative chosen? (i.e. Was this strictly a government decision? Was there public participation, public notices, etc.?)

## **G. MISCELLEANOUS PROJECT INFORMATION**

### **ENVIRONMENTAL CONSIDERATIONS**

1. Are there known environmental concerns associated with the project or known sensitive natural features that could be impacted by the project? ☐ YES ☐ NO

If YES, please explain:

2. What is the name and type of the nearest body of water (lake, pond, river, stream, etc.):

3. Estimate the distance from the nearest part of the project to the nearest body of water:

4. Estimate the distance from the nearest part of the project to a wetland:

5. Estimate the distance from the nearest part of the project to a Great Lakes coastline:

6. Estimate the distance from the nearest part of the project to agricultural land:

7. Is the project near a wilderness area or wildlife refuge? ☐ YES ☐ NO

If YES, estimate the distance:

8. Is the project near any known historic structures? ☐ YES ☐ NO

If YES, estimate the distance:

### **ENVIRONMENTAL JUSTICE**

1. Are there concentrations of low-income or minority populations in or near the project area(s)?

☐ YES ☐ NO

If YES, please explain:

2. Does the project have disproportionately high or adverse effects on low income or minority populations?

☐ YES ☐ NO

If YES, please explain:



## PROJECT WORK SCHEDULE

Please provide a generic timeline (i.e., do not use specific dates) of key activities to complete the project. The performance period of the grant, if awarded, will be established based on the work schedule provided here. Please make sure the work schedule is practical and incorporates sufficient time for administrative activities.

Activity	Timeframe

### EXAMPLE:

Activity	Timeframe
Complete Construction Plans	2 months
Bid Letting	1 month
Construction	2 months
Final Inspection and Project Completion	1 month

## H. EARLY WARNING SIREN INFORMATION

Complete the following questions **ONLY** if the project is for early warning sirens.

1. What is the population of your community?

2. How many sirens does your community currently have?

3. What percentage of the population is currently covered by sirens?

4. How many sirens do you want to purchase with this grant?

5. What percentage will be covered after these new sirens are in place?

6. Provide the following location information for each proposed siren.

TOWNSHIP	RANGE	SECTION	STREET ADDRESS OR MAJOR INTERSECTION

## **I. REQUIRED MAPS AND PHOTOGRAPHS**

The following maps and photographs are required to meet environmental review requirements and must be submitted as part of the grant application. If submitting the grant application electronically, electronic maps and photographs must be attached. If submitting the grant application as a hard copy, hard copy maps and photographs must be attached. Failure to submit these documents may result in slower processing of the grant application.

Two 8 ½ x 11 maps of the project location:

☐ One general map of the project location  
☐ One localized map highlighting the exact location of the project (if there are multiple addresses each must be highlighted on the map.)

☐ One 4x6 photo of the project site. (Multiple photographs may be submitted if so desired.)

☐ One 4x6 photo of each affected structure and the year built.

**HAZARD MITIGATION GRANT PROGRAM**  
State of Michigan – Local Disaster Assistance Agreement

This certification by the \_\_\_\_\_ (applicant) shall be effective on the date signed by the applicant. It shall apply to all assistance funds provided by or through the State to the applicant under the Hazard Mitigation Grant Program, pursuant to Section 404 of P.L. 93-288, as amended, as a result of a Presidentially-declared disaster occurring within the state of Michigan under the Federal Emergency Management Agency declaration number FEMA-1413-DR-MI.

The designated representative of the applicant certifies that:

1. He/she has legal authority to apply for assistance on behalf of the applicant.
2. The applicant is aware that the limited funding available for mitigation requires cost-sharing on the basis of 75 percent federal and 25 percent non-federal contributions unless otherwise specified by the State.
3. The applicant may be required to provide the full non-federal share for such mitigation activities.
4. The local cost share funds will be available within the specified time.
5. The applicant will comply with all applicable codes, standards, and permit requirements as pertain to this project and agrees to provide maintenance as appropriate.

**Designated Representative's Signature:**

\_\_\_\_\_  
Name (Typed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date